



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6259

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/700,795	09/28/2004	623	3733	ENDOV-65897
	RULE			

APPLICANTS

Dinah B. Quiachon, San Jose, CA;
 Alec A. Piplani, Mountain View, CA;
 Steve G. Baker, Sunnyvale, CA;
 Ronald G. Williams, Menlo Park, CA;
 Richard S. Williams, Sunnyvale, CA;
 Kenneth L. Osborn, Mountain View, CA;
 Ted W. Layman, Palo Alto, CA;
 Peter K. Johansson, San Jose, CA;

** CONTINUING DATA *****

This application is a CON of 09/864,822 05/22/2001 PAT 6,663,666 and is a CON of ~~09/864,285~~
~~06/26/2001 PAT 6,668,337 *~~
 which is a CON of 09/484,285 01/18/2000 PAT 6,235,050
 which is a CON of 08/996,330 12/22/1997 PAT 6,039,758
 which is a CON of 08/707,179 09/03/1996 PAT 5,824,044
 which is a CIP of 08/241,476 05/12/1994 PAT 5,628,783
 (*)Data provided by applicant is not consistent with PTO records.

of 5/22/06

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 19	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS

24201

TITLE

Bifurcated multicapsule intraluminal grafting system and method

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____